

Fill in this information to identify the case:

Debtor 1

LISA CANCELLIERE

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN District of PENNSYLVANIA
(State)

Case number

24-11806

Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgements, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Capital One, N.A. by AIS InfoSource LP as agent
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Not Applicable

2. Has this claim been acquired from someone else?

☒ No
☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Capital One N.A. by AIS InfoSource LP as agent
Name
4515 N Santa Fe Ave
Number Street
Oklahoma City OK 73118
City State ZIP Code
Contact phone (877) 893-8820
Contact email POC_AIS@aisinfo.com
Uniform claim identifier for electronic payments in chapter 13 (if you use one):

Where should payments to the creditor be sent? (if different)

Capital One N.A. by AIS InfoSource LP as agent
Name
PO Box 71083
Number Street
Charlotte NC 28272-1083
City State ZIP Code
Contact phone (877) 893-8820
Contact email POC_AIS@aisinfo.com

4. Does this claim amend one already filed?

☒ No
☐ Yes. Claim number on court claims registry (if known) Filed on MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No
☐ Yes. Who made the earlier filing?

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>0 4 8 9</u>
7. How much is the claim?	<div>\$ <u>2,234.60</u></div> <div>Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div>
8. What is the basis of the claim?	<div>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</div> <div><u>Credit Card</u></div>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div>Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</div> <div>Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div> <div>Amount necessary to cure any default as of the date of the petition: \$ _____</div> <div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check one:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to property.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507 (a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C § 507 (a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. §507 (a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507 (a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a)(____) that applies.		\$ _____
* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).	Check the appropriate box:
If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.	<input type="checkbox"/> I am the creditor.
	<input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent.
	<input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
	<input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward that debt.
	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.
	I declare under penalty of perjury that the foregoing is true and correct.
Executed on date	06/05/2024 MM / DD / YYYY
/s/ Ronak Solanki Signature	
Print the name of the person who is completing and signing this claim:	
Name	Ronak Solanki First Name Middle Name Last Name
Title	Bankruptcy Specialist
Company	AIS InfoSource, LP Identify the corporate servicer as the company if the authorized agent is a servicer.
Address	4515 N Santa Fe Ave Number Street
	Oklahoma City OK 73118 City State Zip Code
Contact Phone	(877) 893-8820 Email POC_AIS@aisinfo.com

Account Information

Account Holder(s) LISA M CANCELLIERE		Account Number(s) XXXXXXXXXXXX0489		Creditor Reference
Total Claim Amount (pre-petition balance) \$2,234.60	Principal Amount \$2,223.90	Interest \$10.70	Fees \$0.00	
Account Open Date 12/19/2017	Last Transaction Date 02/24/2021	Last Payment Date * 02/24/2021	Charge-off Date 06/19/2021	

Creditor Information

Claimant Capital One, N.A. by AIS InfoSource LP as agent	Current Creditor Capital One, N.A. by AIS InfoSource LP as agent
Previous Creditor Not Applicable	Creditor at Last Account Transaction Capital One Bank (USA), N.A.

Case Information

Debtor(s) LISA CANCELLIERE				
Street 814 WEDGEWOOD DR		City LANSDALE	State PA	Zip 19446
Case Number 24-11806	Court Eastern District of Pennsylvania		Chapter 13	Filing Date 05/28/2024

Contact Information (for questions regarding this claim)

Phone (877) 893-8820	Email POC_AIS@aisinfo.com	Address 4515 N Santa Fe Ave Oklahoma City, OK 73118	Reference Number 8350941
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Special Notice

***Last Payment Date" is the date the creditor received delivery of payment from the debtor, regardless of whether such payment was applied to the account referenced in this claim in full or in part, or subsequently returned or denied in accordance with applicable law.